

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17E071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/23/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREELEY COUNTY HOSPITAL LTCU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>506 3RD ST PO BOX 338 TRIBUNE, KS 67879</b>		
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F 000	INITIAL COMMENTS	F 000			
F 226 SS=E	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 29 with 10 residents selected for sample.</p> <p>Based on record review and interview, the facility failed to conduct criminal record checks and provide orientation to new hires prior to working in accordance with the facility policy for 1 of 5 staff members hired.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of the employee records revealed the following: <ul style="list-style-type: none"> <li>* Licensed Staff H, hired by the facility on 7/22/14, lacked a criminal back ground check and license verification prior to employment at the facility.</li> </ul> </li> </ul> <p>On 9/18/14 at 9:32 AM, MT (Mountain Standard Time), Administrative Staff I stated that he/she had not always received back ground checks before the employee started on the floor. Staff I further stated that he/she had not always printed license verifications off for the employee file.</p> <p>The facilities 6/30/2011 Abuse and Neglect Policy</p>	F 226			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	Continued From page 1 and Procedure revealed that all potential employees will be screened for history of abuse, neglect or mistreating residents. Human Resources will conduct criminal background checks per State and Federal guidelines.  The facility failed to conduct a back ground check and license verification per the facility's policy.	F 226			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This Requirement is not met as evidenced by: The facility had a census of 29 residents. Based on observation and interview the facility failed to provide a safe environment on 2 of 2 halls for the 29 residents residing in the facility regarding unsafe water temperatures and chemicals accessible to 10 cognitively impaired, independently mobile residents as identified by the facility.  Findings included:  - On 9/15/14 at 8:13 AM, observation revealed the following: 1) water temperature in the resident accessible bathroom in the beauty salon, at 127.5 degrees (F) Fahrenheit. 2) water temperature of the sink in the activity room was 127 F. 3) water temperature of the sink in the middle of	F 323			

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F 323	<p>Continued From page 2</p> <p>the 300 hall, 129.3 F.</p> <p>4) water temperature in Resident #5's room, 106.1 F.</p> <p>5) water temperature in Resident #7's room, 128.6 F.</p> <p>On 9/15/14 at 8:13 AM, observation in the clean utility/staff room on hall 400 revealed no door to the room and a 16 ounce spray can of Stapene disinfectant on the counter. The label on the disinfectant stated harmful if absorbed through the skin, avoid contact with eyes. Administrative Staff B verified the observation and stated the staff should ensure the chemical is kept in a locked cabinet.</p> <p>On 9/15/14 at 8:30 AM, observation on hall 300 in the open clean utility/staff room revealed a container of Super Sani Cloth wipes on the counter. The warning label stated wear disposable gloves when using this product and keep out of reach of children. Nurse K verified the observation and stated the disinfectant wipes should be kept in a locked cabinet when not in use.</p> <p>On 9/15/14 at 9:02 AM, Environmental Supervisor F obtained sink temperatures as follows:</p> <p>1) the sink in the middle of the 300 hall, 118 F.</p> <p>2) Resident #7's room, 118 F.</p> <p>Environmental Supervisor F stated he/she had installed a new cartridge for the hot water mixer and had been checking 3-4 times daily to try and get the temperature regulated. He/she stated the mixer temperature in the maintenance room was set at 120 F, but he/she could not provide any record of the recent temperature checks.</p> <p>On 9/5/14 at 9:13 AM, the surveyor obtained a water temperature of 127.5 in the resident</p>	F 323			

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F 323	Continued From page 3 accessible bathroom in the beauty salon and 127 F in the activity room.  On 9/15/14 at 2:10 PM, Environmental Supervisor F checked the calibration of his/her thermometer in a glass of ice water. The thermometer indicated 124 F after 5 minutes and he/she verified the facility's thermometer was incorrect. Environmental Supervisor F stated the water temperatures were to be 120 F or less for safety. He/she stated the facility lacked a policy to address the monitoring of the water temperatures.  The facility identified 10 residents which were cognitively impaired and independently mobile.  The facility failed to ensure safe water temperatures for the 29 residents who resided in the facility and an environment free of accessible chemical hazards for the 10 cognitively impaired, independently mobile residents, as identified by the facility.	F 323			
F 325 SS=G	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.  This Requirement is not met as evidenced by:	F 325			

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F 325	<p>Continued From page 4</p> <p>The facility had a census of 24 residents. The sample included 10 residents. Based on observation, record review, and interview the facility failed to document supplement intake for 3 of the 3 residents reviewed for nutrition, (#11,#10, #14), and failed to implement dietary interventions to prevent further weight loss for Resident #10, who had significant weight loss.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #10's quarterly (MDS) Minimum Data Set assessment, dated 4/16/14, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 3, which indicated severely impaired cognitive function. The MDS indicated the resident was independent with bed mobility, transfers, walking, and required supervision with dressing, eating and hygiene. The MDS indicated the resident received scheduled pain medication, displayed signs of pain 3-4 days, and received antipsychotic and antidepressive medications 7 days of the look back period.</li> </ul> <p>The significant change (MDS) Minimum Data Set 3.0 assessment, dated 9/12/14, indicated short term memory problems, severely impaired decision making skills, was independent with bed mobility, transfers, walking, and required supervision with dressing, eating and hygiene. The MDS indicated the resident weighed 142 (#) pounds. The MDS did not indicate the resident received a therapeutic diet nor had weight loss and no dental or swallowing concerns.</p> <p>The 9/12/14 (CAA) Care Area Assessment summary for nutrition indicated the resident had poor memory, depression, and needed to be told when it was meal time.</p>	F 325			

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F 325	<p>Continued From page 5</p> <p>The 6/29/14 care plan for nutrition directed the staff to provide a regular diet, continue offering snacks, and provide encouragement at all meals to increase food and fluid intake. The care plan indicated the resident was able to choose the foods that he/she liked at each meal and the family requested smaller portions at meals. The care plan update on 8/30/14 directed the staff to offer 8 oz. magic milk at breakfast and supper. The care plan update on 9/17/14 instructed the staff to provide 8 oz. magic milk with lunch and supper (the 2 meals the resident ate better).</p> <p>The resident's weight record revealed the following: 5/4/14 - 154.5# 6/8/14 - 147# 7/20/14 - 139.6# (16.4# or 10.5% weight loss in 104 days) The clinical record lacked evidence the staff notified the dietician or implemented any additional weight loss interventions. 8/3/14 - 141.4# The clinical record lacked evidence the staff notified the dietician or implemented any additional weight loss interventions. 8/31/14 - 143.4# The clinical record stated the resident was hospitalized 8/9/14 through 8/25/14.</p> <p>The 4/18/14 Nutritional assessment, by the (CDM) Certified Dietary Manager, indicated the resident received a regular diet and snacks (BID) twice daily, averaged 71% food intake, ate independently, was alert but confused and weighed 156#.</p> <p>The 6/4/14 dietary note to the physician reported a significant weight loss of 5.17% in one month and the physician responded, OK, but did not</p>	F 325			

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F 325	<p>Continued From page 6</p> <p>order new dietary interventions. The clinical record lacked evidence the facility notified the (RD) Registered Dietician regarding the resident 's weight loss.</p> <p>The 7/14/14 Nutritional assessment, by the CDM, indicated the resident weighed 142# (a loss of 14# in 90 days) and the physician gave no new orders.</p> <p>The 7/24/14 dietary note sent to the physician indicated the resident had weight loss of 11.36% in 6 months and the physician responded, OK, but did not order new dietary interventions.</p> <p>The 8/29/14 (RD) Registered Dietician note indicated the resident ate independently, refused some meals or had eaten very little since the hospital return. The RD recommended 8 oz. magic milk at breakfast and supper, monitor intake and weight. (40 days after the staff identified a significant weight loss of 10.5% over the previous 3 months)</p> <p>On 9/16/14 at 11:45 AM, observation revealed the resident sat at the dining table, and independently ate a ground turkey sandwich, chocolate pudding, pasta salad, brownie, potato salad, 240 (ml) milliliters coffee, and 180 ml water. Further observation revealed the resident ate less than 25%, and did not drink the supplement or the water. When staff encouraged him/her to eat more, the resident stated he/she couldn't eat any more, but he/she did not know why.</p> <p>On 9/17/14 at 11:45 AM, observation revealed the resident at the dining table with the following beverages: 120 ml supplement, 120 ml orange juice, 240 ml water, 240 ml coffee. Further observation revealed the resident ate 100% of the</p>	F 325			

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F 325	<p>Continued From page 7</p> <p>pumpkin pie, 25% of the Reuben sandwich, 25% of the broccoli and 10% of the sweet potatoes. The resident drank 100% of the supplement, and 50% of the other beverages.</p> <p>On 9/17/14 at 9:11 AM, Dietary Manager C stated the resident received 8 (oz.) ounces of magic milk (1/2 cup of whole milk with a 1/2 cup of dairy creamer), and a ground meat diet, which was initiated on 6/10/14. (The clinical record lacked indication of why the diet was changed) He/She stated the staff had not been documenting the supplements correctly so dietary and nursing were unable to determine the amount of supplement actually consumed by the resident.</p> <p>On 9/17/14 at 4:55 PM, Administrative Nurse B stated supplements should be listed and documented by the staff on the intake clipboard and dietary staff were to put new nutritional interventions or changes on the care plan between meetings. He/She verified the resident's intake record lacked documentation of numerous meals during July through September 2014.</p> <p>On 9/18/14 at 9:38 AM, observation revealed Nurse Aide J documented food and fluid intake from the breakfast meal. He/she stated if a resident had a supplement he/she just documented that together with the other fluids.</p> <p>On 9/22/14 at 3:40 PM, Administrative Nurse B verified the facility had not provided new interventions to prevent further weight loss from April through July 2014, when the resident lost a significant amount of weight.</p> <p>On 9/23/14 at 9:40 AM, Physician M, stated when the resident lost weight he/she looked for a possible cause and ordered blood lab work.</p>	F 325			



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F 325	<p>Continued From page 8</p> <p>He/She stated the resident's mental state had declined this past year, which could be affecting his/her intake, the resident was admitted to the geri psychiatric unit for about 3 weeks and had several medication changes. Physician M stated the dietary department usually made suggestions for dietary interventions and the physician then evaluated or ordered the interventions. He/She stated he/she would expect the facility to notify the RD of significant weight loss and have the RD recommend interventions.</p> <p>The facility's 3/22/12 policy for significant weight loss directed the staff to review the food intake records to estimate the average percentage of food/fluid intake in the past 2-4 weeks, review the care plan for pertinent information and request/implement nutrition interventions based on the individual case. The policy defined significant weight loss as the following: 5% weight loss in 1 month. 7.5% weight loss in 3 months. 10% weight loss in 6 months.</p> <p>The facility failed to provide interventions to prevent further weight loss after the staff notified the physician of a significant weight loss of 5.17%, in 1 month, on 6/4/14, and the resident continued to experience weight loss, 8.67% in 3 months. The facility failed to document Resident #10's intake of supplements and all meals to monitor the amount actually consumed by the resident to determine additional interventions needed to prevent further weight loss.</p> <p>- Resident #14's annual (MDS) Minimum Data Set 3.0 assessment, dated 4/17/14, indicated the resident was cognitively impaired with a (BIMS) Brief Interview for Mental Status of score of 0,</p>	F 325			

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F 325	<p>Continued From page 9</p> <p>required total staff assistance with all (ADLs) Activities of Daily Living, had no swallowing problems and no natural teeth. The MDS indicated the resident's height of 65 inches, weight 133 (#) pounds, weight loss, and received a mechanically altered diet.</p> <p>The quarterly 7/18/14 MDS indicated the same except short/long term memory loss, severely impaired decision making, held food in his/her mouth, coughing/choking with swallowing, and a weight of 120#.</p> <p>The 4/30/14 (CAA) Care Area Assessment summary for nutrition indicated, due to Alzheimer's (progressive mental deterioration characterized by confusion and memory failure), the resident required total staff assistance with meals, received a pureed diet, had dentures and required total care with ADLs.</p> <p>The 7/23/14 care plan for nutrition directed the staff to provide the resident a ground meat diet, allow options and choices at meals and snacks, and encourage him/her to drink fluids. The care plan indicated the resident was able to let the staff know what he/she liked and disliked, intake usually averaged 26%, and weight was 115.8#. The care plan lacked information as to the level of dietary assistance required and lacked information regarding supplements or snacks.</p> <p>Review of the medical record revealed the following:</p> <p>The 1/27/14 Nutritional assessment indicated the resident weighed 140.5#, received a pureed diet, snacks (BID) twice daily, and the resident does not swallow as well or eat independently.</p>	F 325			

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F 325	<p>Continued From page 10</p> <p>The 2/11/14 (CDM) Certified Dietary Manager note to the physician stated the resident's diet changed from pureed to ground and the weight loss of 5.88% in one month.</p> <p>3/2/14 weight - 138#.</p> <p>The 3/11/14 CDM note to the physician recommended to discontinue beneprotein (supplemental protein) shakes (started 8/20/12) as the resident had been gaining weight. The physician ordered the staff to discontinue the beneprotein shakes.</p> <p>The 3/28/14 CDM note to the physician requested offering 8 (oz) ounce magic milk (TID) three times daily, at meals and the physician approved the request.</p> <p>4/6/14 weight - 132.5#.</p> <p>The 4/10/14 annual (RD) Registered Dietician Nutritional assessment indicated the resident received a ground diet, weighed 132.5#, averaged 65% intake, received total assistance from staff with meals and a concern with weight loss. The RD's assessment indicated the resident's estimated daily dietary needs included: 1500-1600 calories, 60 grams protein, 1506 (ml) milliliter fluids.</p> <p>5/4/14 weight - 131.5#.</p> <p>The 5/8/14 memo from the RD to the CDM directed the staff to provide 8 oz magic milk TID at meals and 8 oz magic milk at the afternoon snack to prevent further weight loss.</p> <p>The 5/14/14 CDM note to the physician indicated a weight loss of 15.4# in 6 months, stated the</p>	F 325			

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F 325	<p>Continued From page 11</p> <p>resident received magic milk, 8 oz. TID, and the RD requested to add magic milk to snacks as well. The physician approved the request.</p> <p>The 6/6/14 physician ordered the diet changed to pureed.</p> <p>6/8/14 weight - 128# (a 10# or 7.2% loss in 90 days)</p> <p>The 6/23/14 CDM note to the physician requested approval to offer magic milk 8 oz at 3:00 PM, along with the TID magic milk. (The same recommendation as the physician had signed 5/14/14) and the RD also requested a swallow study. The physician approved both requests.</p> <p>6/29/14 weight - 128.5#.</p> <p>7/6/14 weight - 124#.</p> <p>The 7/11/14 physician order directed the staff to obtain a Swallow Study for dysphagia.</p> <p>7/12/14 weight - 120.6#, with new scales.</p> <p>The 7/14/14 dietary note to the physician indicated the resident had weight loss of 5.78% in one month. The note indicated the resident received Magic Milk, 8 oz TID, with meals and at 3:00 PM.</p> <p>7/20/14 weight - 115.8#.</p> <p>The 7/24/14 note to the physician indicated the resident's weight down 8.81% in a month and 19.86% in 6 months. The note indicated the resident received Magic Milk 8 oz TID with meals and at 3:00 PM and had a current weight of 115.8#.</p>	F 325			

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F 325	<p>Continued From page 12</p> <p>The 7/29/14 physician progress note indicated the resident had a recent weight loss of 17.3# in 2.5 months.</p> <p>8/3/14 weight - 112.2#, a 6.96% loss in less than 30 days.</p> <p>The 8/13/14 dietary note to the physician reported a weight loss of 7.62% in one month and indicated the new scale had been used for at least one month and the resident weighed 111.4#.</p> <p>9/7/14 weight - 111.6#, a 19.13% loss in 180 days.</p> <p>The 9/12/14 Registered Dietician note indicated the resident's weight 111.6#, up 0.2# over 1 month, and down 16.4# in 3 months. The note indicated the resident's intake was 55%, the resident continued to receive magic milk TID and at 3:00 PM. The RD recommendations to DC magic milk and offer 120 (ml) milliliter, med pass or 2 cal (QID) four times daily, add 1 packet Benecal (protein/calorie supplement) to the meal best consumed by the resident, and monitor intake and weight.</p> <p>Review of the Dietary Intake records from 7/1/14 to 9/17/14 revealed numerous meals that the staff had not documented any intake or fluids: 35 meals in July, 16 meals in August, and 14 meals of the first 16 days of September 2014.</p> <p>The 9/12/14 memo from the RD to the dietary manager stated: Need to document amount consumed of any intervention item such as magic milk, beneprotein shakes, med pass or 2 cal.</p> <p>The 9/17/14 physician's order directed the staff to discontinue magic milk and offer 120 (ml)</p>	F 325			

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F 325	<p>Continued From page 13</p> <p>milliliter, med pass or 2 cal (QID) four times daily and add 1 packet Benecal (protein/calorie supplement) to breakfast.</p> <p>On 9/16/14 at 11:45 AM, observation revealed the resident seated at the dining table with 180 ml chocolate supplement, 180 ml water, 120 ml apple juice, but further observation revealed the resident made no attempt to independently drink. Continued observation revealed staff sat next to the resident and assisted him/her with drinking the supplement after pouring some into a medicine cup. At 11:55 the staff served a meal of pureed pizza, pasta salad, and a brownie. Observation revealed the resident barely opened his/her mouth for small sips and he/she opened his/her mouth better for bites of food. The resident ate approximately 50 % of the food, 100% of the supplement and apple juice and 50% of the water. The resident closed his/her eyes and did not take anymore sips or bites.</p> <p>On 9/17/14 at 9:11 AM, Dietary Manager C stated in 2012 the resident had weight loss and beneprotein was started, then discontinued when his/her weight became stable. He/she stated, in April 2014, the resident received magic milk (1/2 cup whole milk with 1/2 cup of dairy creamer), a ground diet, which was changed on 6/10/14. Dietary Manager C stated the dietary department provided no other changes in the resident's diet until 9/16/14. He/She stated the RD makes recommendations and the CDM sends the paper work to the physician. He/she stated on 9/17/14 Benecal, 1 packet, was added to breakfast and either 2 cal QID or 120 ml med pass. He/She stated the staff had not been documenting the supplements correctly so dietary and nursing were unable to determine the amount of supplement actually consumed by the resident.</p>	F 325			

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F 325	<p>Continued From page 14</p> <p>On 9/17/14 at 4:55 PM, Administrative Nurse B stated supplements are to be listed and documented by the staff on the intake clipboard and dietary staff are to put new nutritional interventions or changes on the care plan between meetings. He/She verified the resident's intake record lacked documentation of numerous meals during July through September 2014.</p> <p>On 9/18/14 at 938 AM, observation revealed Nurse Aide J documenting food and fluid intake from the breakfast meal. He/she stated if a resident had a supplement he/she just documented that together with the fluids.</p> <p>The facility's 3/22/12 policy for significant weight loss directed the staff to review the food intake records to estimate the average percentage of food/fluid intake in the past 2-4 weeks, review the care plan for pertinent information and request/implement nutrition interventions based on the individual case.</p> <p>The facility failed to document Resident #14's intake of supplements and all meals to monitor the amount actually consumed by the resident to determine additional interventions needed to prevent further weight loss.</p> <p>- Resident #11's physician order, dated 9/12/14, indicated the resident had a diagnosis of hypothyroidism (condition characterized by hyperactivity of the thyroid gland), hypopotassemia (low level of potassium in the blood), dyspepsia (indigestion), and iron deficiency anemia (occurs when your body doesn't have enough iron).</p>	F 325			

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F 325	<p>Continued From page 15</p> <p>The quarterly (MDS) Minimum Data Set 3.0 assessment, dated 7/19/14, indicated the resident had no swallowing problems, height 64(in) inches, weight 102(#) pounds, received a mechanically altered diet, and had physician prescribed (verified incorrect per interview below) weight loss regimen.</p> <p>The 7/23/14 care plan indicated the resident received a pureed diet, he/she enjoyed sweets, and used a plate guard with every meal. The care plan indicated the resident's meal intake averaged about 66%, instructed the staff to encourage the resident to drink fluids, and to serve the resident ground meat per family request.</p> <p>Review of the resident's 2014 weight record revealed the following: 7/14 - 101.4# 7/21 - 100.4# 7/26 - 101# 8/3 - 100# 8/9 - 97.8# 8/17 - 99# 8/23 - 97# 8/31 - 103.6# 9/6 - 99.8# 9/14 - 94#</p> <p>The CDM documentation revealed the following: 1) 4/18/14 the resident received a 4 (oz) ounce protein shake twice daily. 2) 5/14/14 fax to the physician from the CDM indicated he/she would like to stop the protein shakes and offer the resident magic milk (half and half milk with whole milk) 8 oz. three times daily and the physician approved the request. 3) 6/4/14 the resident received magic milk 8 oz. three times daily and 2 cal (a nutritionally complete, high-calorie formula designed to meet</p>	F 325			



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F 325	<p>Continued From page 16</p> <p>the increased protein and calorie needs), 60 (ml) milliliters, supplement twice daily.</p> <p>4) 7/30/14 fax to the physician from the CDM indicated the resident was refusing to drink the 2 cal, 60 ml, and he/she requested the resident continue to receive magic milk twice daily and the physician approved the request.</p> <p>Review of the daily intake log revealed no documentation of the resident's supplement consumption separately from the other fluid intake, and lacked documentation of food or fluid consumption for the resident as follows: July -19 times August- 14 times September - 1 time (through 9/18/14)</p> <p>The 9/12/14 memo from the dietician to the CDM instructed the staff to document the amount consumed by the resident, of each individual intervention.</p> <p>Review of the meal/supplement intake record revealed staff had not started the dietician recommendation as of 9/18/14. (6 days after the recommendation)</p> <p>The 9/15/14 at 4:40 AM nurse's notes indicated the resident had lost 5.8 lbs in one week.</p> <p>On 9/18/14 at 7:45 AM, observation revealed the resident seated in a wheel chair at the dining room table, using a red plate with a plate guard. Observation revealed the staff assisting the resident with his/her breakfast meal of 240 (cc) cubic centimeters of magic milk, 240 cc orange juice, 240 cc water, and pureed sausage and biscuit. Continued observation revealed the resident consumed 80% of magic milk, 100% orange juice, and few bites of pureed sausage</p>	F 325			

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F 325	Continued From page 17 and biscuit with assistance from the staff.  On 9/18/14 at 8:00 AM, Dietary Staff C verified the missing documentation of food and fluid intake on the above months and stated he/she expected the staff to document the consumption of interventions.  On 7/22/14 at 12:05 PM, Administrative Nurse B verified the resident's 7/19/14 MDS incorrect and stated the resident was not on a physician prescribed weight loss regimen.  The facility failed to document Resident # 11's consumption of nutritional supplement, who continued to have weight loss.	F 325			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This Requirement is not met as evidenced by: The facility had a census of 24 residents. The sampled included 10 residents. Based on observation and interview the facility failed to store, prepare, distribute and serve food under sanitary conditions for the 24 residents.  Findings included:  - On 9/15/14 at 11:25 AM, observation revealed	F 371			

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F 371	<p>Continued From page 18</p> <p>during meal service, Dietary Staff E touched the rims of the glasses with his/her hands while serving fluids to the residents.</p> <p>On 9/16/14 at 11:37 AM, during meal service, observation revealed Dietary Staff D picked up watermelon and cantaloupe chunks from the salad bar with his/her gloved fingers, placed them on a residents plate, brought the plate to the resident's table, touched the back of the resident's chair, and the resident's back, picked up a new plate from the salad bar, with the same soiled gloves, and continued the same process for the next resident.</p> <p>On 9/17/14 at 11:57 AM, observation revealed Dietary Staff D applied gloves, touched plates, the steam table and custard bowls. Observation revealed Dietary Staff D dished up the pumpkin desert with a serving utensil, used his/her gloved finger to scrape each square piece of pumpkin desert off the serving utensil onto a saucer, and served the pumpkin desert to the residents.</p> <p>On 9/17/14 at 2:45 PM, Dietary Staff C stated he/she would expect the staff to hold the residents glass around the bottom of the glass and not touch the rims and staff should use clean tongues when serving items from the salad bar. Dietary Staff C stated staff should not use their fingers to remove food items from a serving utensil.</p> <p>The facility's 3/22/2012 General Food Preparation and Handling Policy instructed the staff to prepare and serve the resident's food with clean tongs, forks, spoons, spatulas, or other suitable implements to avoid manual contact of prepared foods.</p>	F 371			

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F 371	Continued From page 19 The facility failed to distribute and serve food under sanitary conditions.	F 371			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This Requirement is not met as evidenced by:	F 431			

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F 431	<p>Continued From page 20</p> <p>The facility had a census of 29 residents. Based on observation, record review and interview the facility failed to label a vial of insulin, when opened, to determine the date of expiration, in 1 of 1 medications rooms.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 9/15/14 at 7:55 AM, observation in the facility's medication room, revealed 1 opened and undated insulin vial and manufacturer's box without a discard date. The observation was verified by Nurse K, who stated the staff are to label the insulin vials when opened.</li> </ul> <p>On 9/17/14 at 4:35 PM, Administrative Nurse B stated the staff are to label the vials of insulin with the date they are opened.</p> <p>The facility's 5/1/12 policy and procedure for multi dose vials directed the staff, upon opening a multi-dose vial, place a sticker with the current date or the date of opening and initial it. The policy further directed the staff to place a discard date on the box.</p> <p>The facility failed to ensure proper labeling of opened insulin vials.</p>	F 431			
F 441 SS=F	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p>	F 441			

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F 441	<p>Continued From page 21</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This Requirement is not met as evidenced by: The facility had a census of 24 residents. The sample included 10 residents. Based on observation, record review and interview the facility failed to provide a system for tracking and preventing infections, and provide infection control practices for the residents who receive nebulizer treatments and oxygen therapy in the facility.</p> <p>Findings included:</p>	F 441			

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F 441	<p>Continued From page 22</p> <p>- On 9/15/14 at 7:15 AM, during initial tour, observation revealed an uncovered nebulizer (respiratory) mask, on an end table, in the front commons area and an uncovered oxygen nasal cannula (nose piece) and tubing coiled on the front of an oxygen canister, hanging down the front of the canister.</p> <p>On 9/15/14 at 8:30 AM, observation revealed in the front lobby, an oxygen concentrator with an uncovered nasal cannula draped over the machine, a respiratory treatment machine on the chair side table with an uncovered face mask, next to a pair of socks, with a dried red substance on them, and an incontinence protective chair pad on a recliner seat.</p> <p>On 9/16/14 at 7:20 AM, observation revealed, in the front lobby, an uncovered nasal cannula and tubing draped over an oxygen canister.</p> <p>On 9/16/14 at 8:10 AM, observation revealed in Resident #13's room, oxygen tubing draped on the front of the dresser drawers, next to the resident's recliner, with the nasal cannula touching the floor.</p> <p>On 9/15/14 at 8:36 AM, Nurse K verified the uncovered respiratory mask, stated the staff should place the mask in a bag in the resident's room. Nurse K stated the staff had placed socks on the resident's hands to prevent him/her from picking his/her nose and the socks had bloody mucous on them.</p> <p>On 9/17/14 at 12:20 PM, Administrative Nurse B stated the staff are to bag the oxygen tubing cannula, respiratory mask, and hand held inhalers when not in use. Administrative Nurse B stated the staff does not bag the oxygen tubing or</p>	F 441			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17E071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/23/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREELEY COUNTY HOSPITAL LTCU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>506 3RD ST PO BOX 338 TRIBUNE, KS 67879</b>		
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F 441	<p>Continued From page 23</p> <p>nasal cannulas that are attached to the concentrators, but probably should.</p> <p>The facility's 7/18/14 Oxygen Administration policy stated, keep oxygen cannula and tubing used as needed in a plastic bag when not in use.</p> <p>The facility failed to prevent the spread of infection to the resident's who use oxygen and respiratory treatments in the facility.</p> <p>- Review of the Infection Surveillance and Control Log revealed the facility had no system in place that included monitoring the documented infections, tracking and analyzing outbreaks of infection, as well as implementing and documenting actions to resolve related problems.</p> <p>On 9/17/14 at 3:37 PM, Nurse G stated he/she logs the infections in the facility but does not document tracking or trends in the facility.</p> <p>The facility's Infection Control policy states the infection control program committee should establish and maintain a practical system for reporting and evaluating infections in patients and personnel.</p> <p>The facility failed to document ongoing, systematic collection, analysis, interpretation, and dissemination of data to identify infections and infection risks, to try to reduce morbidity and mortality and to improve resident health status.</p> <p>- On 9/18/14 at 10:29 AM, observation revealed Housekeeping Staff L cleaning a resident's room. When asked what chemical he/she would use to clean a resident's room with (c-diff) Clostridium difficile (a bacterium that can cause symptoms ranging from diarrhea to life-threatening</p>	F 441			



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F 441	<p>Continued From page 24</p> <p>inflammation of the colon), Housekeeping Staff L stated he/she would use the same chemical he/she normally used, Betco AF315 disinfectant/deodorant/cleanser.</p> <p>On 9/18/14 at 11:35 AM, Housekeeping Supervisor F stated he/she would expect the staff to use the Betco AF315 disinfectant/deodorant/cleanser to clean a resident's room with c-diff.</p> <p>Review of the product sheet for Betco AF315 revealed no documentation the disinfectant/deodorant/cleanser would kill c-diff.</p> <p>The facility failed to develop and implement appropriate infection control policies and procedures, for tracking and trending to prevent spread of infections and use the appropriate disinfectant for any resident who might have c-diff to prevent transmission.</p>	F 441			